

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREMICHAEL A. Joy

Plaintiff

COMMISSIONER CARL DANBERG, GOVERNOR RUTH ANN MINNER

HEALTH CARE C.M.S. WARDEN RALPH WILLIAMSDefendant(s) MAYOR JAMES M. BAKERAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 07cv405 JJFI, MICHAEL A. Joy declare that I am the (check appropriate box)
☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?
- ☒
- Yes
- ☐
- No (If "No" go to Question 2)

If "YES" state the place of your incarceration HOWARD R. YOUNG CORRECTIONAL INSTITUTEInmate Identification Number (Required): 519040Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed?
- ☐
- Yes
- ☒
- No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 12/06 \$10.00 PH / \$600.00 EVERY TWO WEEKS / PLATINUM SERVICES

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

☒ No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

FIANCE' - ANDREA COLEMAN

MOM - RAVOYDA JOY

BROTHER - MARC JOY

GRANDMOTHER - GERALDINE BLAKEMORE

I declare under penalty of perjury that the above information is true and correct.

7/22/07
DATE


SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

MICHAEL A. JOY
P.O. BOX 9561
WIL. DE, 19809

SBI# 519040



WILMINGTON DE 197
23 JUL 2007 PM 11

USA 41



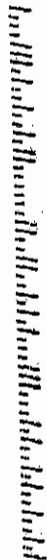
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UNITED STATES DISTRICT COURT

844 N. KING STREET, Lock Box 18

WIL. DE 19801-3570

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RESIDENT HISTORY REPORT

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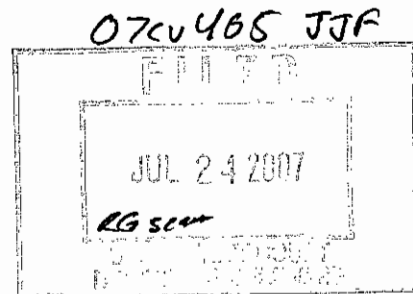
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ST 007 / OPR DMW

SBI : 519040
 Resident Name : JOY, MICHAEL
 Time Frame : 06/01/2007 12:11 - 07/19/2007 14:58

Date	Time	Type	ST	OPR	Receipt #	Amount	Balance
06/01/2007	14:12	Rec Payment	10	bsp	J10284	5.00	40.34
06/04/2007	06:28	Order	2	DDT	B170441	26.70	13.64
06/04/2007	10:41	Credit	11	DDT	K4423	4.33	17.97
06/11/2007	06:38	Order	2	DDT	B171352	17.85	0.12
06/12/2007	11:39	Add	4	gmw	D70498	20.00	20.12
06/18/2007	06:43	Order	2	DDT	B172359	20.12	0.00
06/20/2007	12:29	Add	4	CAR	D70936	100.00	100.00
06/25/2007	06:27	Order	2	WLH	B173345	46.81	53.19
06/26/2007	11:50	Add	4	CAR	D71247	30.00	83.19
06/28/2007	10:20	Withdrawal	6	wmd	F30133	5.00	78.19
07/02/2007	06:25	Order	2	DDT	B174218	39.77	38.42
07/09/2007	06:48	Order	2	DDT	B175158	35.01	3.41
07/11/2007	14:18	Rec Payment	10	bsp	J10894	0.75	2.66
07/12/2007	11:39	Add	4	SEA	D72026	40.00	42.66
07/16/2007	06:46	Order	2	DDT	B176061	29.72	12.94



MICHAEL A. JOY
P.O. BOX 9561
WIL. DE, 19809

SBI# 519040

S.M.S.
X-RAY

WILMINGTON DE 197

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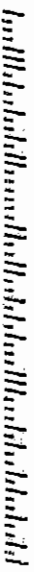
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7/22/07

To Whom it May Concern,

The following is an application to proceed without prepayment of fees and affidavit for my civil case. Also attached is a certified copy of my inmate account. My case number is 07cv405JJF. Thankyou for your time and concern.

07cv405JJF



Sincerely,
SBI#519040 MICHAEL A. Joy
Michael A. Joy

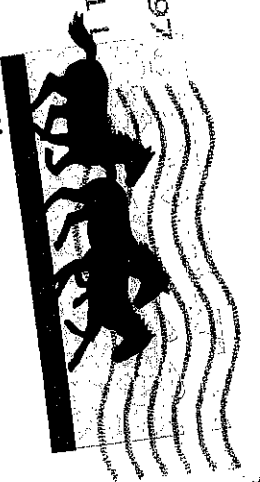
MICHAEL A. Joy
PO BOX 9561
WIL. DE, 19809

SBI#519040

S.M.S.
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